## 1 3 mm JUL 1 9 2004 JUL - STATEMENT OF ORGANIZATION

## RECEIVE

FOR POLITICAL ACTION COMMITTEES AND PARTY COMMITTEES
Governments Ethics Contract 109 WEST THEFT TOTAL KANSAS 33014
(See Reverse Side For Instructions)
This is a (check one) Party Committee Political Action Committee
This is an (check one) Initial Statement Amended Statement
COMMITTEE (PLEASE TYPE OR PRINT)
Name KC DOCS PAR KS WIST
Mailing Address (Street, City, State, Zip Code)  Business Telephone  Business Telephone  Business Telephone  Business Telephone
CHAIRPERSON U4102
Name Make allen mi) Home Telephone
Mailing Address (Street, City, State, Zip Code)  Business Telephone
TREASURER
Name I'm Kelly MA ( )
Mailing Address (Street, City, State, Zip Code)  Business Telephone
AFFILIATED OR CONNECTED ORGANIZATIONS
Name Mid america medical allitiates
Mailing Address (Street, City, State, Zip Code)
If not connected or affiliated with an organization, identify the trade, profession, or primary interest of the contributors.
SIGNATURE:  "I declare that this statement has been examined by me and to the best of my knowledge and
belief is true, correct and complete. I understand that the intentional failure to file this document
or intentionally filing a false document is a class A misdemeanor."
(Date) De Muckellen W)  (Signature of Chairperson)
Governmental Ethics Commission Rev.2000